

Motivational Interviewing, Putting People at the Center of Care

Hiroko Morikawa

Faculty of Medical Sciences, Fukui University, Japan

Motivational Interviewing (MI) has recently become a topic of great interest in the diabetes behavioral field. The purpose of this study was to explore the concept and process of implementing of MI.

Diabetes is a preventable and controllable disease. Health care providers have a great deal time to impact knowledge and skill. But the patients had difficulty changing behavior. For the success of behavior change, MI is a coherent, teachable, evidence-based approach. {Concept of MI} Current definition of MI is this: Motivational Interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. (website <http://motivationalinterviewing.org>)

{Sprit of MI} According to Rollnick and Miller, MI as a style of health behavior change consultation is built on a theoretical/attitudinal foundation called the sprit of MI, The sprit of MI has three components: 1) Collaboration, 2) Evocation, 3) Autonomy. {Key Elements of MI} Five elements of MI address both topics clinicians discuss with patients and how they topics are discussed: 1) Express empathy, 2) Develop discrepancy 3) Rolling with resistance, 4) Support self-efficacy, 5) Avoid argumentation. {MI Strategies : examples of the 5 elements from my personal experience} I was a research project staff of Lifestyle Modifications Program sponsored by the Ministry of Economy, Trade and Industry, one client (49 years, female) was absent two weeks from the program, I conducted telephone collaborative problem solving by the procedure of MI. {Behavior Change} The client told her preferences and schedule to the fitness club instructor, and she started aqua-walking and hula dance.

Almost half of people with chronic illness have multiple conditions. So, if the client decide to start "Being Active", the client sometimes fail the behavior change. From this example, the client worried about the benefits and costs and did not solve and lost the chance.

MI is very important to "Understanding Ambivalence". HCP's roll is to provide " Exchange information" and manage with the behavior change process. To success of MI, HCP must acquire the value of "Change Talk". Direct persuasion is not an effective method for resolving ambivalence. The HCP is likely to use the word "WHY" in listening, but the word "WHY" is usually unproductive. Elapsed time : I conducted telephone for the client was only 15 minutes. MI is possible even in a brief opportunity.